CHAPTER 120

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES ASSISTANCE AND RELATED MATTERS S.F. 315

AN ACT relating to mental health and developmental disabilities assistance by extending a moratorium on the number of intermediate care facility for the mentally retarded beds, providing for access to certain mental health information by a county responsible for payment of costs, and applying certain requirements to the state-county management committee, and providing an applicability provision and an effective date.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 135.63, Code 1995, is amended by adding the following new subsection:

<u>NEW SUBSECTION</u>. 4. For the period beginning July 1, 1995, and ending June 30, 1997, the department shall not process applications for and the council shall not consider a new or changed institutional health service for an intermediate care facility for the mentally retarded except as provided in this subsection.

- a. For the period beginning July 1, 1995, and ending June 30, 1997, the department and council shall process applications and consider applications if either of the following conditions are met:
- (1) An institutional health facility is reducing the size of the facility's intermediate care facility for the mentally retarded program and wishes to convert an existing number of the facility's approved beds in that program to smaller living environments in accordance with state policies in effect regarding the size and location of such facilities.
- (2) An institutional health facility proposes to locate a new intermediate care facility for the mentally retarded in an area of the state identified by the department of human services as underserved by intermediate care facility for the mentally retarded beds.
- b. Both of the following requirements shall apply to an application considered under this section:
- (1) The new or changed beds shall not result in an increase in the total number of medical assistance certified intermediate care facility for the mentally retarded beds in the state as of July 1, 1994.
- (2) A letter of support for the application is provided by the director of human services and the county board of supervisors, or the board's designee, in the county in which the beds would be located.
 - Sec. 2. Section 228.1, subsection 1, Code 1995, is amended to read as follows:
- 1. "Administrative information" means an individual's name, identifying number, age, sex, address, dates and character of professional services provided to the individual, fees for the professional services, third-party payor name and payor number of a patient, if known, name and location of the facility where treatment is received, the date of the individual's admission to the facility, and the name of the individual's attending physician or attending mental health professional.
- Sec. 3. Section 229.24, Code 1995, is amended by adding the following new subsection:

<u>NEW SUBSECTION</u>. 3. If all or part of the costs associated with hospitalization of an individual under this chapter are chargeable to a county of legal settlement, the county of legal settlement and the county in which the hospitalization order is entered shall have access to the following information pertaining to the individual which would be confidential under subsection 1:

a. Administrative information, as defined in section 228.1.

- b. An evaluation order under this chapter and the location of the individual's placement under the order.
- c. A hospitalization or placement order under this chapter and the location of the individual's placement under the order.
- d. The date, location, and disposition of any hearing concerning the individual held under this chapter.
 - e. Any payment source available for the costs of the individual's care.
- Sec. 4. Section 230.20, Code 1995, is amended by adding the following new subsection:

<u>NEW SUBSECTION</u>. 7. The department shall provide a county with information, which is not otherwise confidential under law, in the department's possession concerning a patient whose cost of care is chargeable to the county, including but not limited to the information specified in section 229.24, subsection 3.

- Sec. 5. Section 331.438, subsection 3, paragraph b, Code 1995, is amended to read as follows:
- b. The management committee shall consist of not more than nine eleven voting members representing the state and counties. as follows:
- (1) An equal number of the not more than nine members shall be appointed by the director of human services and the Iowa state association of counties and one additional member shall be jointly appointed by both entities. Members appointed by the Iowa state association of counties shall be selected from a pool nominated by the county supervisor affiliate of the association with four members from the affiliate. The affiliate shall select the nominees through a secret ballot process.
- (2) In addition, the <u>The</u> committee shall also include one member nominated by service providers and one member nominated by service advocates and consumers, with both members appointed by the governor.
- (3) In addition, the committee shall include four members of the general assembly with one each designated by the majority leader and minority leader of the senate and the speaker and minority leader of the house of representatives. A legislative member serves in an ex officio, nonvoting capacity and is eligible for per diem and expenses as provided in section 2.10.
- (4) A member who is not a legislator shall have expenses and other costs paid by the state or the county entity that the member represents. The committee shall establish terms for its members, elect officers, adopt operating procedures, and meet as deemed necessary by the committee.
- Sec. 6. STATE-COUNTY MANAGEMENT COMMITTEE. The state-county management committee's annual report to be submitted to the governor and the general assembly no later than January 1, 1996, pursuant to section 331.438, subsection 3, paragraph "c", subparagraph (13), shall include the following:
- 1. Proposed benchmarks for efficiency and quality in the delivery of mental health and developmental disabilities assistance by the state and counties. The committee shall consider the following efficiency measures in developing the benchmarks:
 - a. Consumer satisfaction and outcomes.
 - b. Relative number of acute care days used.
 - c. Net expenditures per capita for the same disability.
 - d. Number of persons served and number of persons unserved or underserved.
 - e. Disability populations served and unserved.
- f. Number of persons served in varying types of services settings, from least restrictive to most restrictive.
- g. Community-based service availability and number of persons served outside the local area.
 - h. Equity with respect to local taxing ability.

- 2. Recommendations for the state and counties to provide mental health and developmental disabilities assistance under a fixed funding budget. The committee shall consider all of the following in developing the recommendations:
- a. The feasibility of requiring counties to expend a certain portion of the budgeted moneys for implementing community-based services innovations to reduce acute care placements.
- b. Modifying legal mandates for counties to serve particular disability populations so that the legal consequences are clarified if a county has insufficient funding for an entire fiscal year and mandated services or populations remain without assistance.
- c. The effect of counties continuing to provide assistance to persons with mental illness or a developmental disability who received the assistance as of June 30, 1995, regardless of whether the assistance is mandated.
- d. Any statutory changes which would be necessary to allow the placing of persons on a waiting list for assistance and the feasibility of establishing crisis services to meet the short-term needs of persons placed on a waiting list.
- e. Creation of an appeal process for persons denied assistance or denied access to the assistance desired.
- f. Provisions to require the state and counties to maintain their financial commitments under a fixed funding budget.
- 3. Consideration and recommendations involving the following intermediate care facility for the mentally retarded issues:
- a. Providing more authority for case managers, in conjunction with the medical assistance review organization, to review placement requests and participate in meetings to consider treatment provided to a resident of an intermediate care facility for the mentally retarded.
- b. Determining the need for and methods for improving the education level of intermediate care facilities for the mentally retarded providers concerning levels of active treatment provided to residents.
- Sec. 7. APPLICABILITY. The provisions of section 5 of this Act shall apply to appointments made on or after July 1, 1995, for expired terms and to fill vacancies in the membership of the state-county management committee.
- Sec. 8. EFFECTIVE DATE. Section 1 of this Act, being deemed of immediate importance, takes effect upon enactment.

Approved May 1, 1995

CHAPTER 121

EXPANSION OF VOLUNTEER PHYSICIAN PROGRAM H.F. 197

AN ACT relating to the expansion of the volunteer physician program to include other health care providers and to apply to certain charitable organizations.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 135.24, Code 1995, is amended to read as follows:

135.24 VOLUNTEER PHYSICIAN HEALTH CARE PROVIDER PROGRAM ESTAB-LISHED - IMMUNITY FROM CIVIL LIABILITY.